

VILLAGE OF WAPPINGERS FALLS

BUILDING INSPECTOR
ZONING ADMINISTRATOR
FIRE INSPECTOR
PLUMBING INSPECTOR
BRYAN J. MURPHY



MAYOR
MATTHEW ALEXANDER
TRUSTEES
SCOTT DAVIS
JOHN CHASE
DENISE CALABRESE
KEVIN HUBER
JENNIFER NIZNIK
RONNIE KOMORNIK

BUILDING INSPECTOR
CODE ENFORCEMENT OFFICER
ARMAND ALFONSO

**BUILDING DEPARTMENT
OFFICE OF CODE ENFORCEMENT
OFFICE OF THE FIRE INSPECTOR
2582 SOUTH AVENUE
WAPPINGERS FALLS, NY 12590
PHONE: (845) 297-5277 FAX: (845) 296-0379
E-mail: bmurphy@wappingersfallsny.gov
www.wappingersfallsny.gov**

DEMOLITION PERMIT APPLICATION -PARTIAL DEMOLITION

NOTE: APPLICATIONS FOR BUILDING PERMITS CANNOT BE REVIEWED UNTIL THE SUBMITTAL IS COMPLETE.
(All items below must be submitted and fee paid)

1. BUILDING PERMIT APPLICATION

___ Application must be fully completed

___ If contractor is applicant, the contractor **MUST** provide consent from the homeowner authorizing him to file for Building Permit. (Complete **Consent Form** on Page 3)

___ **Proof of Insurance** - The applicant shall file with the village a Certificate of insurance indicating that the village has been named as primary insured under an insurance policy in the amounts of three hundred thousand/five hundred thousand dollars (\$300,000.00/500,000.00) for bodily injury and one hundred and fifty thousand dollars (\$150,000.00) for property damage.

___ **Workers' Compensation** - Proof of insurance must be submitted from the contractor and/or homeowner at the time of the application.

*Contractors **MUST** submit Certificate of Workers Compensation (not acceptable on Accord Forms) or Affidavit in lieu thereof -- signed and stamped by Workers Compensation Board.

Accepted Forms:

- U26.3 - Certificate of Workers' Compensation Ins (NYS Insurance Fund only)
- C105.2 (9/07) - Certificate of Workers' Compensation Insurance
- GSI 105.2 (2/02) - Certificate of Participation in Workers' Compensation

3. REQUIRE SUBMITTAL:

[] **Asbestos & Lead Survey and Removal Certification** - For buildings, except ones where the construction was begun on or after January 1, 1974, and except for agricultural buildings as defined in the New York State Labor Law, the applicant shall provide a copy of an asbestos survey conducted by a licensed Asbestos contractor and proof of completion of asbestos remedial work, if necessary, by a licensed asbestos contractor. For details regarding asbestos removal call NYS DOL (518) 457 0202 or go to web site http://www.labor.state.ny.us/workerprotection/safetyhealth/DOSH_ASBESTOS.shtm

[] **Pest Inspection Certification** - The applicant shall provide evidence that the building or other structure has been inspected and is free from insect, vermin or rodent infestation, harborage or breeding areas.

[] **Site Plan** - A plan or survey of the property showing the location of the demolition and dumpsters. (Must show basement, fill and schedule of demo.) Show the means of protecting the public way and adjacent properties in compliance with Part 23 of Title 12 from the department of labor. Show Soil & Erosion Control details. All disturbed areas are to be seeded and hayed.

[] **All Taxes Paid** - An application to demolish the building or other structures shall be accompanied by a tax search showing that all current taxes and water rents have been paid.

VILLAGE OF WAPPINGERS FALLS

DEMOLITION PERMIT APPLICATION (Continued)

4. UTILITY DISCONNECTION: Prior to demolition permit being issued, the Plumbing Inspector shall certify to the Building Inspector that the water source is disconnected from the main, the sewer lateral is properly disconnected from the building, that the water meter has been removed, and confirmation from Central Hudson that the gas service has been removed and the electric has been terminated. Where applicable, the Fire Inspector shall determine that all flammable and hazardous products have been properly removed from the building.

Utility	Completed			Contact
___ Dig Safety New York	[] Yes	[] No	[] N/A	811
___ Water Source	[] Yes	[] No	[] N/A	845 297 3716 Water Department
___ Sewer Lateral	[] Yes	[] No	[] N/A	845 297 9758 Highway Department
___ Gas Service	[] Yes	[] No	[] N/A	Call your provider
___ Electric Service	[] Yes	[] No	[] N/A	Call your provider
___ Hazardous Materials	[] Yes	[] No	[] N/A	(518) 457 0 2072 .. NYS DOL
___ Oil Tank	[] Yes	[] No	[] N/A	845 297 5277Building Department (Requires to file a tank Removal Application)

5. REQUIRE INSPECTIONS

- 1._ Schedule a Pre-Inspection with this office before work begins.
- 2._ Provide the Building Department with all RECEIPTS FOR REMOVAL from appropriate carter and/or transfer station for the proper disposal of all material.
- 3._ Schedule a Final Inspection with this office for compliance of removal.

VILLAGE OF WAPPINGERS FALLS
DEMOLITION PERMIT APPLICATION
CONSENT FORM

Name of property owner: _____

Address of property owner: _____

City: _____ **State:** _____ **Zip:** _____

Phone number of property owner: (Include home, work, mobile number and email address):

(H) _____ **(C)** _____

(W) _____ **(E-mail)** _____

Address of site where work is being conducted: _____

Description of work: _____

Name of person doing work: _____

Address of person doing work: _____

City: _____ **State:** _____ **Zip:** _____

Phone number of person doing work (Include home, work, mobile numbers and email address):

(H) _____ **(C)** _____

(W) _____ **(E-mail)** _____

I, as property owner for the above mentioned property, am aware of all work described above and give my consent to the aforementioned person to do the work.

Signature of Property Owner

Date Signed

VILLAGE OF WAPPINGERS FALLS

RECEIVED: _____ PERMIT # _____

DEMOLITION PERMIT APPLICATION

OWNER: _____ PHONE: (H) _____ (C) _____

ADDRESS : _____

MAILING ADDRESS: _____

BUILDER/CONTRACTOR DOING WORK:

COMPANY NAME: _____ PHONE: (H) _____ (C) _____

ADDRESS : _____

CITY: _____ STATE: _____ ZIP: _____

Contractor must provide : ☐ Workmen's Compensation ☐ Liability Insurance

BUILDING SITE LOCATION : _____

ZONING DISTRICT : _____ TAX GRID NUMBER : # _____ --- _____ --- _____

PROJECT DESCRIPTION : _____

[] RESIDENTIAL [] COMMERCIAL

Is the structure within a historic district or a designated landmark ? ☐ Yes ☐ No

SETBACKS: Front Line: _____ Rear Line : _____ Left Side : _____ Right Side: _____

SIZE OF STRUCTURE: _____ LOT AREA (acres) : _____ ESTIMATED COST : _____

REQUIRED SUBMITTALS:

- ☐ Site Plan ☐ Pest Inspection Certification ☐ Asbestos & Lead Survey and Removal Certification
☐ All Taxes Paid

UTILITIES DISCONNECTION: (If the structure is to be removed please check any applicable services that exist at the property)

- ☐ Water Source ☐ Sewer Lateral ☐ Water Meter ☐ Gas Service ☐ Electric Service
☐ Hazardous Material ☐ Oil Tank

(If gas or electric are checked a letter from Central Hudson stating that the service has been disconnected must be provided.)

(The applicant is responsible for contacting the sewer and /or water departments regarding their removal)

It is understood that authorization is hereby given for the Building Inspector/Zoning Administrator/Code Enforcement Officer to enter premises to perform required inspections. The Owner/Applicant agrees to conform to all applicable laws of this jurisdiction, adhere to the plans and specifications affixed hereto.

All required inspections are listed on Building Permit. All applications MUST be completed before review by an inspector.

Signature of Owner/Contractor/Agent

Date Signed

----- ZONING DEPT. USE: -----

[] FEE : _____ Deposit : _____ Paid On: _____ Check # : _____ Receipt # _____

☐ Approved Date: _____ ☐ Denied Date: _____

[] Code Enforcement Officer Approval

Date

VILLAGE OF WAPPINGERS FALLS
DEMOLITION PERMIT APPLICATION

SITE PLAN OR PLOT PLAN NOTING ALL SITE FEATURES MAY BE SUBMITTED WITH THIS FORM

- *Please indicate the location of the demolition and dumpsters.
- *Show the means of protecting the public way and adjacent properties
- *Show Soil & Erosion Control details (please provide other drawings if necessary)
- *Indicate location of water and sewer lines and the distance of each from structure

____' ____"

____' ____"

Rear Lot Dimension

____' ____"
SETBACK

SETBACK

Side lot Dimension

SHED

Side lot Dimension

Side lot Dimension

SETBACK

____' ____"

Side lot Dimension

SETBACK

____' ____"

Nearest Street
____ ft.

Front Lot

Nearest Street
____ ft.

Side lot Dimension

HOUSE
GARAGE
DRIVEWAY

Side lot Dimension

Side lot Dimension

MARK NORTH POINT

Side lot Dimension

Side lot Dimension

MARK NORTH POINT

Side lot Dimension

NUMBER & STREET NAME

____' ____"

____' ____"

Front Lot Dimension

IMPORTANT NOTE
The applicant is responsible for accuracy in dimensions shown above.

Signature of Owner/Contractor/Agent

Date Signed

VILLAGE OF WAPPINGERS FALLS

DEMOLITION PERMIT APPLICATION

IMPORTANT NOTICES: READ & SIGN

1. Work conducted pursuant to a building permit must be visual inspected by the Code Enforcement Office and must conform to the New York State Uniform Fire Prevention and Building Code, the Code of Ordinances of the Village of Wappingers Falls and all other applicable codes, rules or regulations.
2. It is the owner's responsibility to contact the Code Enforcement Office at 845-297-5277 Monday through Friday from 9:00 a.m. to 3:30 p.m. at least 48 hours before the owners wishes to have an inspection conducted . More than one inspection may be necessary. This is especially true for "internal work" which will eventually be covered from visual inspection by additional work (i.e., electrical work later to be covered by a wall)

DO NOT PROCEED TO THE NEXT STEP OF CONSTRUCTION IF SUCH "INTERNAL WORK" HAS NOT BEEN INSPECTED. Otherwise, work may need to be removed at the owner's or contractor's expense to conduct the interior inspection. Close coordination with the Code Enforcement Office will greatly reduce this possibility.

3. OWNER HEREBY AGREES TO ALLOW THE CODE ENFORCEMENT OFFICE TO INSPECT THE SUFFICIENCY OF THE WORK BEING DONE PURSUANT TO THIS PERMIT, PROVIDE, HOWEVER, THAT SUCH INSPECTION(S) IS(ARE) LIMITED TO THE WORK BEING CONDUCTED PURSUANT TO THIS PERMIT AND ANY OTHER NON WORK-RELATED VIOLATIONS WHICH ARE READILY DISCERNIBLE FROM SUCH INSPECTION(S).
4. New York State law requires contractors to maintain Worker's Compensation and Disability Insurance for their employees. No permit will be issue unless currently valid Worker's Compensation and Disability Insurance certificates are attached to this application or are on file with the Bureau of Fire Prevention and Inspection Services.
5. If a Certificate of Occupancy or Certificate of Compliance is required, the structure shall not be occupied until said certificate has been Issued. Section 64-9 (a) Village Code
6. Work undertaken pursuant to this permit is conditioned upon and subject to any state and federal regulations relating to asbestos material.
7. The permit does not include any privilege of encroachment in, over, under, or upon any city street or right-of-way.
8. The building permit card must be displayed so as to be visible from the street nearest to the site of the work being conducted.

I, _____, the above-named applicant, hereby attest that I am the lawful owner of the property described within or am the lawful Contractor /Agent of said owner and affirm under the penalty of perjury that all statements made by me on this applications are true.

Signature of Owner/Contractor/Agent

Date Signed